

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/1069459	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	2			
4				
5	2			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
13	2			
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TOTAL IND.	2			
TOTAL EP.	16			
TOTAL CLAIMS	18			

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